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Connecticut State Medical Society Testimony on
Senate Bill 14 An Act Prohibiting Copayments for Preventive Services and
House Bill 5009 An Act Concerning Wellness Programs and Expansion of Health
Insurance Coverage
Presented to the Insurance And Real Estate Committee
February 11, 2010

Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee, my name is Ken Ferrucci, Vice President of Public Policy and Government Affairs for the Connecticut State Medical Society (CSMS). On behalf of our over 7,000 members, thank you for the opportunity to submit this testimony to you today on Senate Bill 14 An Act Prohibiting Copayments for Preventive Services and House Bill 5009 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage.

Senate Bill 14 An Act Prohibiting Copayments for Preventive Services would prohibit group and individual health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of this state after January 1, 2012 from imposing a copayment deductible or other out-of-pocket expense for preventive care services. CSMS supports the goal of this legislation, to promote the health of Connecticut residents through the provision of affordable preventive care services. However, we must caution committee members that this legislation could potentially impact physicians negatively, making the provision of preventive services more difficult in many instances. Many physicians have entered into agreements with insurers and accepted reimbursement rates for preventive services based on arrangements of copayments and deductibles that offset discounted rates. Should these products now be prevented from containing copayments and deductibles, the schedule of fees must be reviewed and adjusted appropriately to ensure that such requirements are not merely a reduction in reimbursements for physicians with no impact on the health insurer. Prevention, wellness and disease management are the foundation of health care. Adequate coverage and availability is imperative and ultimately provides long term savings and a better quality of life. Insurers must be encouraged to provide adequate coverage for these services, but we must be certain that any changes to current contracts do not negatively impact those providing the services.

Additionally, CSMS suggests that the first step toward accomplishing the goal of SB 14 is to better define preventive care services. Currently the ability exists for insurers to establish different definitions of preventive services. A standard definition should be

developed and plan summary descriptions and benefit guides need to clearly delineate this for enrollees.

CSMS is encouraged by the content of **House Bill 5009 An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage**. As physicians, we continually emphasize the importance of wellness and support the use of any incentive that encourages our patients to lead a healthy life. Not only is this in the best interest of the patients, but will increase the health and quality of life for Connecticut residents. Furthermore, cost savings on over healthcare spending by reducing the expenses associated with many long term and more complex diagnosis as the result of unhealthy lifestyles will be realized.

We are pleased that the dialogue and discussion surrounding the provision of wellness incentives has elevated to this level. We welcome the opportunity to continue with efforts such as these to increase the overall health of Connecticut residents. Acceptable programs should be true wellness programs that utilize physicians and other appropriate health care providers in their development, deployment and maintenance. We also encourage the committee to expand on the language in the bill and allow insurers to also acknowledge and reward for programs developed and maintained by employers or physicians and other appropriate entities.

Included in House Bill 5009 are several provisions for required coverage that were passed by this committee last year and subsequently vetoed. These provisions include among others increased coverage for ostomy supplies, prosthetics and hearing aids for children. CSMS continues to believe that any services that is deemed medically necessary by a physician should be covered by insurers. Members of this committee had the foresight last session to pass these requirements and we ask for the same action this session.

Thank you for the opportunity to share these comments with you. We welcome any questions or comments.